



This Box For Office Use Only

**Foreign (Non-WA)
Limited Partnership**
See attached detailed instructions

- No Fee for Standard Service
- Expedited Service \$50.00

UBI Number: _____

LIMITED PARTNERSHIP NOTICE OF CANCELLATION
Chapter 25.10 RCW

SECTION 1

NAME OF LIMITED PARTNERSHIP: *(as currently recorded with the Office of the Secretary of State)*

SECTION 2

ORIGINAL FILING DATE IN THE STATE OF WASHINGTON: _____
(mm/dd/yyyy)

SECTION 3

ORIGINAL STATE OR COUNTRY OF FORMATION: _____

SECTION 4

THIS NOTICE OF CANCELLATION SHALL BECOME EFFECTIVE: _____
(mm/dd/yyyy)

SECTION 5

GENERAL PARTNER SIGNATURE *(see instructions page, all partners must sign, if necessary attach additional signatures)*

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____
Signature Printed Name/Title Date Phone Number

INSTRUCTIONS – FOREIGN LIMITED PARTNERSHIP NOTICE OF CANCELLATION

Please complete all sections of the Foreign Limited Partnership – Notice of Cancellation. **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at www.sos.wa.gov/corps

UBI Number: Please enter your existing Unified Business Identifier (UBI Number) as currently recorded with the Office of the Secretary of State, in the box in the upper right hand corner of page 1.

Section 1

Indicate the limited partnership name as currently recorded with the Office of the Secretary of State.

Section 2

Provide the date that the limited partnership was originally filed in the State of Washington.

Section 3

List the State or Country where the limited partnership was originally formed/created.

Section 4

Provide the date that this Notice of Cancellation is to take effect.

Section 5

Limited Partnership Statement of Termination must be signed by at least one recorded general partner (*attach additional signatures, name/titles, and phone numbers as needed*)

Additional Information:

FEES: There is no filing fee for Limited Partnership Notice of Cancellation. If expedited service is requested, include \$50.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State".

All payments must be received in US Dollars. All fees are non-refundable.

Mail completed forms and payment to:

Secretary of State
Corporation Division
801 Capitol Way S
PO Box 40234
Olympia WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at www.sos.wa.gov/corps or call 360-725-0377.